

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/889489</b>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7	1						57			
8	1						58			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	7						TOTAL DEP.			
TOTAL CLAIMS	10						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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